Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, 16:bbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

1						ID AUTHO						
I. TO TRANSPORT OIL						MATORIAL	LUA	Well A	Well API No.			
AMOCO PRODUCTION COMPA				300	4508585	500						
P.O. BOX 800, DENVER,	COLORA	DO 8020	01									
Reason(s) for Filing (Check proper box)			_			Other (Please	e explain)				
New Well	Oil	Change in	Dry ()							
Change in Operator		ad Gas		ensale X]							
If change of operator give name and address of previous operator			<u> </u>									
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name A L ELLIOTT A	Well No. Pool Name, Includ 2 BLANCO FR							(Lease Federal or Fe		Lease No.		
Location D Unit LetterD	_ :	1085	_ Feet 1	From The	FNL	Line and	101	0 Fe	st From The	FWL	Line	
Section 11 Townshi	29	N	Rang	QW.		, NMPM,		SAN	JUAN		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OF O			URAL G	AS (Give address	to whic	h approved	copy of this	form is to be s	eni)	
MERIDIAN OIL INC.						Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, CO. 87401						
Name of Authorized Transporter of Casing		or Dr	y Gas 🔯] Address	Address (Give address to which approved				form is 10 be s	eni)		
EL PASO NATURAL GAS COMPANY						P.O. BOX 1492, EL PASO, TX 79978 Is gas actually connected? When ?						
If well produces oil or liquids, give location of tanks.	Unit	Suc.	Twp.] R _i	ge. Is gas as	tually connect	ied7	When	7			
If this production is commingled with that	from any ot	her lease or	pool, g	give commi	ngling order	number:						
Designate Type of Completion	- (X)	Oil Wel	<u>- </u>	Gas Well	New \	Vell Worko	ver	Deepen	Plug Back	Same Res'v	Dilf Res'v	
Date Spudded		ipi. Ready i	o Prod.		Total De	:pth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation				Top Oil	Top Oil/Gas Pay				Tubing Depth		
Perforations										Depth Casing Shoe		
									<u> </u>			
	TUBING, CASING AND				D CEME							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
	ļ											
									-			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	E					J			
OIL WELL (Test must be after t	recovery of	total volume	of lose	d oil and m	usi be equal	to or exceed t	op allow	able for thi	depth or be	for full 24 ha	ws.)	
Date First New Oil Run To Tank	Date of Test				Produci	Producing Method (Flow, pump, gas lift, et						
Length of Test	Tubing Pressure				Casing	Casing Pressure				VEID	1	
Actual Prod. During Test	Oil - Bbls.			Water -	Water - Bbis.			Gas MCF	<u>- 世</u>)		
CACWELL	1				l		¥	JU				
GAS WELL Actual Prod. Test - MCI/D	Length of	Test			Bbls. C	ondensate/MM	icf	OIL	COM	DIV		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing	Casing Pressure (Shut-in)				3		
reams thereo (burst over h.)						,						
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE) N	SEDV	лті <u>с</u> ы	DIVISI	ΩNI	
Thereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						JUL 2 1990						
11,1100	5-				. L	ate Appi	roved		_/			
D. P. Whley						By Bush Chang						
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #8						
Printed Name June 25, 1990				-4280	. 1	itle						
Date		Ic	lephone	, ttu.	H							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.